



Sisseton Wahpeton Oyate Johnson-O'Malley Program

PO Box 509, Agency Village, South Dakota 57262

Office: 605-698-7604 Fax: 605-698-7612

Request for Afterschool Program

Student Name: _____ Grade: _____
Physical Address: _____ Home Phone: _____
_____ Cell Phone: _____
Mailing Address: _____ Request
_____ Transportation: _____

Emergency Contacts

1st contact: _____ 2nd contact: _____
Address: _____ Address: _____
Phone: _____ Phone: _____

Does your child have any allergies of medical conditions that we should be aware of?

By signing this form, I understand that my child will be instructed on Dakota Language and Culture and that participation is essential. I also understand that my child will follow all JOM classroom rules in order to attend. I as a parent, I understand that someone of 15 years or older will be home to receive my child when they are dropped off.

Parent/Guardian: _____ Date: _____

Date Received: _____

SWOJOM

Start Date: _____

Staff: _____